COUNTY DEPARTMEN		HEALTH & HUM	IAN SERVICES A	GENCY	CONTACT PERSO LORI JON		JONES	
PHONE NUMB	PHONE NUMBER (619) 293-475		MAILSTOP P501C		FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Awa, Eı	nie						
APPOINTMENT	5/10/200	05 <i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	DIRECTOR OF HHSA			Board of Superv	Board of Supervisors		
REQUIREMENT					Term begins Ju Representative	Term begins July 1, 2005.Community Representative		
MEMBER NAME	Brosnar	n, Elizabeth						
APPOINTMENT	10/5/200	)4 <i>MO</i> #	7	EXPIRATION	9/30/2007	TERM	SEE FACTS	
NOMINATED BY	Director of HHSA & Health Services Planning Counl.			APPOINTED BY	Board of Superv	Board of Supervisors		
REQUIREMENT				COMMENTS	HIV Planning Co	ouncil Rep	resentative.	
MEMBER NAME	Brown,	Tami						
APPOINTMENT	4/17/200	7 <i>MO#</i>	6	EXPIRATION	4/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Superv	/isors		
REQUIREMENT	MEMBERS-ELECT			COMMENTS		Members-Elect. Fax # 858-637-3021 1st appt, Term begins May 1, 2007		
MEMBER NAME	Bursaw	, Michael						
APPOINTMENT		<i>MO#</i>		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF HHSA			APPOINTED BY	Department of Health and Human Services Agency			

**COMMENTS** 

**EXPIRATION** 

APPOINTED BY

**COMMENTS** 

Health Department Appointees.

**TERM** 

Members-Elect. 1st appt, Term begins May 1,

SEE FACTS

4/30/2008

2007

**Board of Supervisors** 

AIDS/COMMUNITY EPIDEMIOLOGY

*MO*#

6

REPRESENTATIVE

DIRECTOR OF HHSA

MEMBERS-ELECT

Collin, Kevin

4/17/2007

REQUIREMENT

MEMBER NAME

APPOINTMENT

NOMINATED BY

REQUIREMENT

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COUNTY DEPARTMEN PHONE NUMBER		HEALTH & HUI	MAN SERVICES	AGENCY	CONTACT PERSO LORI JONES			
		(619) 293-4755	MAILSTO	<i>P</i> P501C	FAX NUMBER	(619)	(619) 296-2688	
MEMBER NAME	Crow, h	Katherine						
APPOINTMENT	5/10/200	)5 <i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Supe	Board of Supervisors		
REQUIREMENT				COMMENTS		Term begins July 1, 2005.Community Representative		
MEMBER NAME	Flores,	Catrina						
APPOINTMENT	4/17/200	)7 <i>MO#</i>	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT				COMMENTS		Community Representative. Fax # 619 0478 1st appt, Term begins May 1, 20		
MEMBER NAME	Garcia,	Felipe						
APPOINTMENT	4/17/200	)7 <i>MO</i> #	6	EXPIRATION	9/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT				COMMENTS			e. Fax # 619-692- Term begins Oct 1	
MEMBER NAME	Gianco	la, Michael						
APPOINTMENT	4/17/200	)7 <i>MO</i> #	6	EXPIRATION	4/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	MEMBERS-ELECT			COMMENTS		Members-Elect. Fax # 619-298-0177 1st appt, Term begins May 1, 2007		
MEMBER NAME	Gonzal	ez-Garcia, Carolin	na					
APPOINTMENT	5/10/200	)5 <i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECT	OR OF HHSA		APPOINTED BY	Board of Supe	Board of Supervisors		
							_	

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**COMMENTS** 

Term begins July 1, 2005.Community Representative

REQUIREMENT

COUNTY DEPARTMEN	HEALTH & HUMAN SERVICES AGENCY	CONTACT PERSO	LORI JONES

PHONE NUMBER (619) 293-4755 MAILSTOP P501C FAX NUMBER (619) 296-2688

MEMBER NAME	Gunn, Robert, MD					
APPOINTMENT	<i>MO#</i>	EXPIRATION	TERM SEE FACTS			
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Department of Health and Human Services Agency			
REQUIREMENT	Office of Public Health STD Division	COMMENTS	HHSA Appointees.			
MEMBER NAME	Harris, Joselyn					
APPOINTMENT	4/17/2007 <i>MO#</i> 6	EXPIRATION	4/30/2010 <i>TERM</i> SEE FACTS			
NOMINATED BY	Director of HHSA	APPOINTED BY	Board of Supervisors			
REQUIREMENT	SEE FACTS	COMMENTS	Community Representative. 1st appt, Term begins May 1, 2007			
MEMBER NAME	Herbstritt, Kim					
APPOINTMENT	8/1/2006 <i>MO#</i> 10	EXPIRATION	7/31/2009 <i>TERM</i> SEE FACTS			
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Board of Supervisors			
REQUIREMENT		COMMENTS	Community Representative.Term begins Aug 1, 2006.			
MEMBER NAME	James, Geneva					
APPOINTMENT	4/17/2007 <i>MO#</i> 6	EXPIRATION	4/30/2010 <i>TERM</i> SEE FACTS			
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Board of Supervisors			
REQUIREMENT		COMMENTS	Community Representative.1st appt, Term begins May 1, 2007			
MEMBER NAME	Jones, Lori					
APPOINTMENT	<i>MO#</i>	EXPIRATION	TERM SEE FACTS			
NOMINATED BY	DIRECTOR OF HHSA	APPOINTED BY	Department of Health and Human Services Agency			
REQUIREMENT	OFFICE OF AIDS COORDINATION	COMMENTS	Health Department Appointees. Replaced Lauren Farber Brookshire 9/12/06			

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COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY

<b>PHONE NUMBER</b> (619) 293-4755		MAILS	<i>TOP</i> P501C	FAX NUMBER	(619)	296-2688		
MEMBER NAME	Kirshenbaum,	Sheri						
APPOINTMENT	5/10/2005	<i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF HHSA			APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT				COMMENTS		Term begins July 1, 2005.Community Representative		
MEMBER NAME	Kua, John							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT				COMMENTS	Community Re 0990 1st appt,	presentative Term begin	e. Fax # 619-278- s May 1, 2007	
MEMBER NAME	Lecklitner, Lou	iise						
APPOINTMENT	3/19/2004	<i>MO</i> #		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Director, Healt	h and Huma	ın Services Agenc	
REQUIREMENT	ALCOHOL & D REPRESENTA		ICES	COMMENTS		Replaces John Oldenkamp- Jean Shepar appointee. Health Department Appointee.		
MEMBER NAME	Morse, Jaimie							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	Board of Supervisors		
REQUIREMENT				COMMENTS	Community Rebegins May 1,		e. 1st appt, Term	
MEMBER NAME	Nelson, Lisa							
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Supe	rvisors		
REQUIREMENT	MEMBERS-ELI	ECT		COMMENTS	Members-Elec			

**LORI JONES** 

CONTACT PERSO

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appt, Term begins May 1, 2007

COUNTY DEPA	RTMEN HEAL	TH & HUM	AN SERVICES A	GENCY	CONTACT PERSO	) LORI	JONES
PHONE NUMB	<i>ER</i> (619)	293-4755	MAILSTOI	P501C	FAX NUMBER	(619)	296-2688
MEMBER NAME	Ochoa, Rosem	nari					
APPOINTMENT	8/1/2006	<i>MO</i> #	10	EXPIRATION	7/31/2009	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Superv	visors	
REQUIREMENT				COMMENTS	Term begins Au Representative.		Community
MEMBER NAME	Paul, Deborah						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Superv	risors	
REQUIREMENT				COMMENTS	Community Rep 5924 1st appt, T		e. Fax # 619-702- s May 1, 2007
MEMBER NAME	Rafus, C. Way	ne					
APPOINTMENT	8/1/2006	<i>MO</i> #	10	EXPIRATION	7/31/2009	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Superv	visors	
REQUIREMENT				COMMENTS	Community Rep Aug. 2006.	resentative	e. Term begins
MEMBER NAME	Sipan, Carol						
APPOINTMENT		<i>MO</i> #		EXPIRATION		TERM	SEE FACTS
NOMINATED BY	GRADUATE SO HEALTH NOMI		PUBLIC	APPOINTED BY	Board of Superv	risors	
REQUIREMENT				COMMENTS	Community Repappointee.	resentative	e. SDSU-GSPH
MEMBER NAME	Stankus, Jan						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2008	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Superv	visors	

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**COMMENTS** 

Members-Elect. Fax # 619-325-3534 1st appt, Term begins May 1, 2007

**REQUIREMENT** MEMBERS-ELECT

COUNTY DEPARTMEN		ALTH & HUM	AN SERVICES A	GENCY	CONTACT PERSO LORI JONES		JONES	
PHONE NUMB	<i>SER</i> (61	9) 293-4755	MAILSTOP P501C		FAX NUMBER	(619) 2	(619) 296-2688	
MEMBER NAME	Suarez, Mich	na						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR C	OF HHSA		APPOINTED BY	Board of Superv	isors		
REQUIREMENT				COMMENTS	Community Rep begins May 1, 20		1st appt, Term	
MEMBER NAME	VACANT							
APPOINTMENT	5/10/2005	<i>MO</i> #	10	EXPIRATION	6/30/2008	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR C	OF HHSA		APPOINTED BY	Board of Superv	isors		
REQUIREMENT				COMMENTS	Dan Uhler, Resi	gned 7/10/0	7	
MEMBER NAME	Velasquez, J	lorge						
APPOINTMENT	4/17/2007	<i>MO</i> #	6	EXPIRATION	4/30/2010	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR C	OF HHSA		APPOINTED BY	Board of Superv	isors		
REQUIREMENT				COMMENTS	Community Rep begins May 1, 20		1st appt, term	
MEMBER NAME	Wolter, Carl							
APPOINTMENT	8/1/2006	<i>MO</i> #	10	EXPIRATION	7/31/2009	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR C	OF HHSA		APPOINTED BY	Board of Supervisors			
REQUIREMENT				COMMENTS	Community Rep Aug. 1, 2006.	resentative.	Term begins	
MEMBER NAME	Wooten, Wilr	ma, MD						
APPOINTMENT		<i>MO</i> #		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR C	OF HHSA		APPOINTED BY	Director, Health	and Humar	Services Agend	

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**COMMENTS** 

HHSA Appointees.

REQUIREMENT

Public Health Services Appointee